State of Idaho

DEPARTMENT OF INSURANCE

JAMES E. RISCH Governor STATE FIRE MARSHAL OFFICE 700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone (208)334-4370 Fax (208)334-4375 SHAD PRIEST Acting Director

MARK LARSON State Fire Marshal

APPLICATION FIRE PROTECTION SPRINKLER CONTRACTORS LICENSE IDAPA 18.01.49

Original License Fee Duplicate License Fee .	· —		e check ntended
Branch Office Fee Examination Fee	· —	appli	cation
Name of Firm:			
Address:			_
City:	State:	Zip:	
Phone:	Fax:		
Applicants Name:		Title:	
Applicants Signature:		Date:_	
Number of Branch Offices:	Email:		
Applicant Name NICET Level III	Certification:		
Corporate Name:			
Address:	City:		_ST:ZIP:
Phone:	?ax:	E-mail:	
Each applicant must enclose, along with this enclosed. Each applicant must successfully SECTION 12. QUALIFICATIONS FOR SECTION 15. ACTION ON APPLICATION 16. FINANCIAL RESPONSE	complete an examing CONTRACTORS L	nation and provide the in	
DO N	OT WRITE BELC	OW THIS LINE	
Proper fees enclosed: Yes NICET III:	Pass Yes	Fail	ce by:
License Number Assigned:		Date:	
Mark Larson, Idaho State Fire M	 arshal	 Date	Rev. 3/2006